

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a
separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 13, 2020 Case Number: 20-108

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Teri O'Rourke
Premise Name: Desert Dove Veterinary
Premise Address: 1213 W Wetmore Rd
City: Tucson State: AZ Zip Code: 85705
Telephone: (520) 887-6363

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Amber Vanduynhoven and Michelle Keith
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Rojo Keith
Breed/Species: Dachshund/Chihuahua Mix
Age: 7 Sex: M Color: Red

PATIENT INFORMATION (2):

Name: NA
Breed/Species: NA
Age: NA Sex: NA Color: NA

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Teri O'Rourke
1213 W Wetmore Rd
Tucson AZ 85705
520-887-6363

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Amber Vanduyndhoven / Michelle Keith

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: _____

Date: _____

To whom it may concern. I, Amber Vanduynhoven, and my mother Michelle Keith would like to make a formal complaint against Dr. Teri O'Rourke. Our family dog, Rojo, passed away suddenly and unexpectedly on May 1st, 2020. We now have evidence to believe that Dr. O'Rourke was negligent in her care of Rojo and this directly lead to his untimely death.

Exactly one week before Rojo's death, April 24th, 2020, we took Rojo to Desert Dove Veterinary in Tucson Arizona to see Dr. O'Rourke for a valley fever test, and symptoms of chronic back pain - we were also prompted by the staff at Desert Dover to have Rojo's annual rabies vaccination completed as well. We were informed at the appointment that we would not be admitted into the building with Rojo during his exam due to the COID 19 pandemic, but that we would get a call from Dr. O'Rourke while she is examining Rojo. While we were not notified of this over the phone when making the appointment we were understanding and allowed the staff to take him inside without us. A veterinary technician we had not seen before came to my SUV and asked what was going on with Rojo. We explained that he had symptoms of back pain (X-Ray from November 2019 showed Rojo had mild spinal disc damage) and also that Dr. O'Rourke had requested a follow up valley fever test (Rojo received a diagnosis of valley fever prior to his adoption in 2017 by the Humane Society of Southern Arizona and had been on and off of Fluconazole since his adoption six years ago.) The veterinary technician told us that his back was in pain because he had valley fever. This response was confusing as we had brought this up as a concern to Dr. O'Rourke in November of 2019 when Rojo's back issues first began and he was recovering from a valley fever relapse. Dr. O'Rourke insisted it was not caused by valley fever, but that Rojo had a slipped disc in his lower spine. I explained to the veterinary technician that Dr. O'Rourke had assured us that Rojo's back pain was not related to valley fever. Due to our overall confusion we explained to the veterinary technician that we would prefer to speak with Dr. O'Rourke about our concerns further, to which we were told by the veterinary technician "nothing heals when they have valley fever." We again expressed that we would prefer to speak with Dr. O'Rourke about our concerns, a statement that seemed to upset the veterinary technician. She had a difficult time taking Rojo from my SUV and due to her struggling to get a hold on him, we asked that she be careful as he was in a lot of pain due to his condition.

After Rojo was taken inside we did not receive the expected phone call during his exam, however, Dr. O'Rourke came to my vehicle after the exam was complete. Over the last six years, we have known Dr. O'Rourke to be friendly and approachable, but on this day she approached my vehicle in obvious frustration, which we feel was a result of refusing to accept information from the veterinary technician and instead insisting to speak with the doctor. Dr. O'Rourke, in a very abrasive manner questioned if Rojo has been allowed to jump up anywhere and if his activity is still restricted. We explain that the only time Rojo could have possibly jumped anywhere is onto the couch if my mom, Michelle, was not in the immediate area and not available to lift him onto the couch - but this is rare considering she is home with Rojo all day. Dr. O'Rourke becomes more aggravated and also complains that Rojo is overweight, to which we agree, but remind her that Rojo has gained weight from two previous rounds of steroids for that back inflammation - which Dr. O'Rourke had prescribed. In this same conversation we also explained to Dr. O'Rourke that Rojo was not eating like usual and we believe that he had actually lost a little weight. The only time Rojo ate was if we brought him his kibble, and even then he was only willing to eat a few bites.

Dr. O'Rourke proceeded to prescribe Rojo carprofen for pain and suggested a diet dog food before returning inside. Soon after, a different veterinary technician returned Rojo to our vehicle, further leading us to suspect that Dr. O'Rourke's behavior was a direct result of the encounter with the first veterinary technician.

On April 28th, 2020 a veterinary technician called Michelle Keith with the results of Rojo's valley fever test - which are negative. Despite this, Rojo's condition is seemingly beginning to worsen. Rojo is now barely moving from his bedroom, where he has been sleeping on his bed on the floor - and when he does move it is only to drink water or go to the restroom - less than twenty feet outside - to urinate. Rojo seems to be in immense pain. During the phone call with the veterinary technician; Michelle had informed them of this, and also that she was concerned about the manner in which Rojo was handled by the first veterinary technician at Rojo's appointment on April 24th, 2020. The veterinary technician explains it was she who took Rojo from us and she "knows how to handle animals with injuries", and then decided to bring Dr. O'Rourke to the phone to continue the conversation. Dr. O'Rourke immediately dismisses any possibility that Rojo could have been mishandled in any way, despite the fact that she was not present to witness the encounter with the veterinary technician before his appointment. Dr. O'Rourke was angry and disgruntled after receiving the complaint. Dr. O'Rourke continued to chastise Michelle, rather than attempt to investigate our complaint and instead stated "Rojo is in the condition he is in because you allow him to be." Dr. O'Rourke goes on to explain that we have three options, she can prescribe a stronger pain medication, provide another steroid shot, or euthanize Rojo. Dr. O'Rourke then offered a back surgery we had not had any discussion about previously but quotes us \$5,000 arbitrarily with no details. That Dr. O'Rourke would even recommend putting Rojo down, when his valley fever test was negative and nothing in her prior testing gave any indication Rojo was sickly enough to warrant such an extreme suggestion was shocking. Rather than anger Dr. O'Rourke further, Michelle accepted her offer for a stronger pain medication out of desperation to ease Rojo's discomfort.

After the phone call with the veterinary technician and Dr. O'Rourke, it was clear to us that the level of help Rojo needs was not going to be found with Dr. O'Rourke and we began researching other veterinarians in our area. Later that same day I called Desert Dove and requested Rojo's valley fever test results to be sent to me via email, a request I was immediately granted by the veterinary technician I had spoken to that day. We ended our call without issue, the conversation was very friendly and we had no indication there would be any problem in getting the test results via email.

The next day I still had not received the requested valley fever test results, and so I decided to call back. A different veterinary technician answered the phone and informed me that they cannot send the test results via email and will mail them. Despite the stronger pain medication Rojo's condition remains the same, as he has stopped eating almost entirely and is still only moving for the water or to use the restroom. At this point we had already made an appointment with another veterinary office in our area for the morning Monday, May 4th, 2020 - this was the soonest he could be seen.

On May 1st, 2020 Rojo's health rapidly declines. At approximately 3:00PM we notice his breathing is more rapid, but he is not panting or struggling to breathe so we keep a close eye on him. He is refusing all food and medication, and has not had tramadol in over twenty four hours. By 5:40PM Rojo has started drooling profusely and is visibly struggling to breathe - it is clear to us that Rojo is suffering from something more than back issues and requires emergency medical attention. Rojo's eyes are wide in panic and fear as he continues to struggle to breathe. As Michelle and I get into the vehicle, Rojo on Michelle's lap, lets out a series of gurgling coughs. Before I am able to even leave my parking space Rojo seems to seize on Michelle's lap, he lets out a low moan before he stops breathing completely and falls limp on Michelle's lap. We are in complete shock. My mom breaks down and is begging him to hold on and I pull myself together enough to drive to the emergency veterinary office as fast I can - which is about five minutes away since we live close. I call them while I am pulling in to tell them we are there and that Rojo has stopped breathing. A nurse rushed out and confirmed our worst fear - Rojo was gone. We are devastated, shocked, confused, and heartbroken. The nurses were very understanding and even let us inside to say goodbye and hug and kiss him one last time. Since we live in an apartment complex with no yard to bury Rojo, we made the choice to cremate him and retain his ashes.

When we made the appointment with the new veterinary office, they must have requested his records from the Desert Dove office. This, surprisingly, then prompted them to send me the records by email as well - despite having been told previously that this was not an option. Upon review of the notes we could not believe what we saw. Dr. O'Rourke states we did not take Rojo's back injury seriously, that we accused a veterinary technician of "man handling" Rojo and notes that never occurred, but with no evidence or investigation. I am also struck by Rojo's vitals at his last appointment. Rojo's temperature is 103.8. His respiratory rate and pulse rate are also notably higher than any other visit. Dr. O'Rourke never once told us he had a fever, nor did she mention that any of his other vitals were elevated. Despite these elevated vitals, Dr. O'Rourke still administered a rabies vaccination which we believe could have exacerbated any underlying health conditions he clearly was suffering from. Rojo's weight is also listed as a pound lighter than what was listed on the receipt we have from the visit. Dr. O'Rourke did not disclose any of this to us. Even after the phone conversation on April 28th, 2020 when she knew he was negative for valley fever we were left in the dark about his information - which is at best negligent and at worst malicious. A fever clearly indicated something else was going on in his body - paired with his loss of appetite, lethargy and overall unwellness. Dr. O'Rourke chose to make no attempt to investigate the true cause of his symptoms, doing so could have potentially saved his life. We believe Dr. O'Rourke's inaction stems from the interaction with Dr. O'Rourke's veterinary technician. Dr. O'Rourke was so offended at our complaint that she no longer demonstrated good moral character nor provided Rojo with her proper care.

Rojo's death was not peaceful. He suffered, he was scared, he was probably in more pain than we could have imagined. We will never know why he died, but we believe it could have been prevented and believe Dr. O'Rourke's actions were unprofessional, unethical, and negligent. We know we'll never get Rojo back, but we hope to find some peace in knowing we tried everything we could to prevent this from happening to another animal in our community.

To the Veterinary Medical Examining Board,

I, Dr. Terri O'Rourke, am replying to the formal complaint lodged against me and my staff by Ms. Keith and Ms. Vanduynhoven in regards to their appointment on April 24, 2020.

At this time the owner is refuting that she was informed of the current policy of social distancing due to the current situation involving Covid-19 procedures. That is not true. Every client scheduling an appointment is informed that they need to remain in their vehicles and that my technicians would be obtaining the pets and their history prior to their examinations. This is posted on the front clinic window and on the door as well. When they arrived and called, my receptionist, Terrill, went out to greet them and have them fill out a questionnaire. When they had completed it, they called and my technician, Fern went out to have the owner elaborate further on the history and bring Rojo inside for his examination. Rojo's appointment was for updating his rabies vaccine (which was overdue by 1.5 yrs), obtaining a cocci titer, and rechecking his continued back pain.

When Fern returned inside with Rojo, she was very careful handling Rojo so that his back pain was not aggravated by the motion. Fern then related to me the history that she obtained from the owner and related that the owner repeatedly interrupted her and would not answer any further questions, but was demanding to speak directly with me. Fern informed me that the owners were upset at not being allowed inside the clinic for the appointment. I watched Fern as she entered the clinic with Rojo, obtained his weight, and took him into surgery for his exam. The entire time Fern was handling Rojo, she was very gentle and supportive of his spine.

I then performed my examination, and determined that his back pain appeared worse again with his back arched and tense, and the panniculus reflex was increased in the lower thoracic region, and decreased in the lower lumbar. In addition his temperature was elevated, but he traveled to the appointment in a vehicle with no air-conditioning and the windows open on a hot day, and he was stressed, in pain, and very tense. Rojo also had had an elevated temperature of 103.0 F. in Nov 2019 when he was examined. With no history of other clinical signs consistent with an infection, it was suspected his current elevated temperature was secondary to stress and heat. Rojo was also overweight, which was putting additional strain on his spine.

After my examination was completed, I went outside to speak to the owners. As Rojo's pain appeared to be increased in comparison to his March 4th examination, I questioned them as to how Rojo's activity was being restricted. After asking several questions, Ms. Vanduynhoven then mentioned how Rojo was occasionally getting up and down off the sofa by himself. I explained again to the owner that cage rest must be strictly enforced as any abrupt motion in jumping up or down, going up or down stairs, or even running or playing with another dog can cause back injuries to become significantly worse. In addition, I informed Ms Vanduynhoven that Rojo was overweight and that puts increased strain on his back injury. Owner replied that the weight gain was due to the two courses of steroids that Rojo had been placed on previously. Rojo's weight in January when he was first examine for back pain was 17 pounds which was before the steroids were initiated. The owner complained that she thought my manner was abrasive.

This was most likely a misunderstanding on her part as I was wearing a mask and she was unable to evaluate my facial expression. I was having difficulty breathing with the mask on while I was trying to get the owner to understand that Rojo needs to be on strict cage rest and a diet. I explained to the owner that I had prescribed Carprofen for the pain, to keep his activity severely restricted, and we would call with the cocci titer results when they came in.

The technician called with the negative cocci titer results on April 28th (last titer result was 1:16 done by Desert Hills Pet Clinic on October 14, 2019). At this time the owner relayed to the technician that Rojo's pain appeared much worse and that he now wasn't eating. Owner was told to discontinue the carprofen as this may be causing GI upset and that we can start him on a trial of Tramadol. The owner was told that if this did not work, that she would need to see a specialist and may need back surgery. The owner then blamed the technician (Fern) of causing further injury to Rojo by "not handling him gently" and "man-handling" him. At this time, the technician referred the call to me. When I spoke to the owner I told her that I have every faith in my technicians that they would not do anything to harm any animal, let alone one with a known back injury. I personally observed the care my technician took with an injured animal. I told the owner numerous times that Rojo's activity must be restricted as any movement can aggravate the existing injury. I informed owner that there is only so much we can do with medical management, and that she may need to consult with a neurologist. I informed owner that if back surgery was necessary, it could cost around \$5000.00. If Rojo becomes paralyzed, she may need to consider euthanasia. The owner was also offer the option of bringing Rojo in for a steroid injection which the owner declined, and instead wanted to try the Tramadol.

We received a request for records on Rojo from PAWS Veterinary Clinic on May 1, 2020. The client records were then e-mailed and the lab work faxed to PAWS by 3:45 pm. The lab results are not in the computer electronically, requiring that they be faxed or mailed. Nowhere in the record does it state that the owners "did not take Rojo's back injury seriously". However, the records do make it plain that the owner is not compliant in following the treatment plan or keeping up with lab testing and vaccinations. This has been a problem since we first started examining Rojo on May 16, 2014. Owner also expressed concern that his heart and respiratory rate was elevated at the time of the exam. It is not unusual to have elevation of the heart and respiratory rate when an animal is in pain, which Rojo was in pain.

We initially saw Rojo for back pain on January 7, 2020 and treated with prednisolone for its anti-inflammatory effects. The owners brought him back in on March 4, 2020 for recurrent back pain. His back was arched up and tense, with a normal panniculus reflex and normal CP's. He was again treated with prednisolone with orders for strict cage rest to prevent further injury to his spine. When owner was called to a follow up on how Rojo was doing, she did not call back.

I was distressed to learn that Rojo's health rapidly declined on May 1, 2020, but wondered why if he was distressed they did not seek to get him into a veterinary office or emergency immediately, but waited three hours when he was then gasping for air. Veterinary medicine is a partnership with the owner to achieve the best care for their pets. It should not be a struggle to get full and accurate information from the owner so that we can appropriately test and diagnose, nor should we have to struggle to have

owner compliance in the treatment. We do our best to advocate for the animals under our care, as we want them to be healthy and happy, thereby having happy owners. My heart goes out to the owners for the loss of Rojo, as we all know how devastating the loss of a beloved pet can be.

Please let me know if I can provide you with any further information. Thank you for your assistance with this concern.

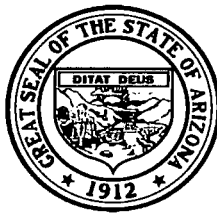
Terri O'Rourke, DVM

Desert Dove Veterinary

1213 W. Wetmore Road

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris – Assistant Attorney General

RE: Case: 20-108

Complainant(s): Amber Vanduyhoven/Michelle Keith

Respondent(s): Terri O'Rourke, D.V.M. (License: 3382)

SUMMARY:

Complaint Received at Board Office: 5/13/20

Committee Discussion: 10/6/20

Board IIR: 11/18/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On April 24, 2020, "Rojo," a 7-year-old male Dachshund/Chihuahua mix was presented to Respondent due to continued back pain and Valley Fever test. Respondent's premises was conducting curbside services due to the pandemic. The dog was brought into the premises where Respondent performed an exam and collected blood for testing. The dog was discharged with a weight loss diet, instructions for strict cage rest, and carprofen.

On April 28, 2020, Complainants were advised that the Valley Fever test was negative. Complainants reported the dog was now lethargic and anorexic therefore Respondent recommended discontinuing the carprofen and trying tramadol for pain.

Complainants were concerned that Respondent's staff may have mishandled the dog during the April 24th exam, exacerbating the dog's back pain. Respondent and staff denied this allegation.

On May 1, 2020, the dog's condition declined and was struggling to breath. While on the way to an emergency facility, the dog died.

Complainants were noticed and appeared telephonically.

Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Amber Vanduyhoven/Michelle Keith*
- Respondent(s) narrative/medical record: *Terri O'Rourke, DVM*
- Witness(es) statement(s): *Desert Dove Veterinary Staff*

PROPOSED 'FINDINGS of FACT':

1. On January 7, 2020, the dog was presented to Respondent with complaints the dog had back pain. The dog had a history of Valley Fever – last titer result was 1:16 which was performed at another veterinary premises on October 14, 2020. Upon exam, the dog had a weight = 17 pounds, a temperature = 101.5 degrees, a heart rate = 108bpm and a respiration rate = 24rpm; BCS = 5/9. Respondent noted that the dog had issues with the right lateral lumbar spine. Radiographs revealed the dog had mild narrowing of the dorsal T-12, T-13, and T-13, L-1, vertebral body articulations; nerve impingement suspected. Respondent's diagnosis was IVDD and discharged the dog with prednisolone 5mg and strict cage rest.

2. On January 28, 2020, Fluconazole was refilled.

3. On March 4, 2020, the dog was presented to Respondent due to possible slipped disc. Complainants advised that the dog was yelping and hunching back, and reluctant to bend down to eat; started approximately one week ago. Upon exam, the dog had a weight = 19.6 pounds, a temperature = 101 degrees, a heart rate = 130bpm and a respiration rate = 46rpm. Respondent noted the dog was overweight and had increased resistance to direct pressure over the thoracolumbar junction. She suspected the dog had aggravated the previous injury and informed Complainants that if the dog demonstrates back pain, she recommended keeping the dog from running, jumping, playing, stairs, etc. The dog should be leashed walked only.

4. Complainants reported that 3 days ago they started the dog on prednisolone that they had from a previous prescription. Respondent stated that she would dispense more prednisolone and warned that this will increase the dog's appetite and water intake. Respondent also explained that the dog had gained another 2 pounds since January and instructed Complainants to stop feeding the dog junk food treats and only give fresh fruit or veggies. She stated that the extra weight aggravates the dog's existing IVDD therefore he needs to be thinner.

5. On March 31, 2020, Respondent approved Fluconazole refill – last one without blood work.

6. On April 24, 2020, the dog was presented to Respondent for a recheck Valley Fever titer and back pain evaluation. According to Complainants, they were not advised curbside appointments were being conducted due to the pandemic when they made the appointment. They were unaware they would not be allowed into the premises with the dog. Respondent and her staff deny this allegation.

7. When Complainants arrived, a receptionist brought them an information sheet to complete.

Once completed they were instructed to call the front desk and technical staff would retrieve the pet for the exam. Technical staff, Ms. Clark, greeted the Complainants once they were ready and confirmed they were there for an exam, rabies vaccine, Valley Fever recheck and IVDD follow up. Complainants reported that the dog was having continued back pain and had been on fluconazole for one week. When Ms. Clark attempted to discuss the dog's IVDD history and Valley Fever, Complainants cut her off and stated they will speak with Respondent regarding the dog's history. According to Complainants, Ms. Clark stated the dog's back pain was from Valley Fever; Ms. Fern denies this allegation. Ms. Clark stated she attempted multiple times to get an accurate history from Complainants regarding the dog's symptoms but Complainants resisted and only wanted to speak with Respondent.

8. Ms. Clark went to retrieve the dog from the passenger side of the vehicle and asked Ms. Keith to position the dog so she could reach him. The dog slowly crawled over to the driver's side of the vehicle. Ms. Clark went to the driver's side of the vehicle where she collected the dog from Ms. Vanduyhoven. She ensured she handled the dog carefully to avoid causing the dog further pain to his back. Complainants stated that Ms. Clark had a difficult time getting the dog from the vehicle and asked that she be careful due to his condition.

9. Once the dog was in the premises, Respondent examined the dog had a weight = 18.6 pounds, a temperature = 103.8 degrees, a heart rate = 150bpm and a respiration rate = 50rpm; BCS – 6/9. Respondent documented that Complainants were not vigilant about keeping the dog from jumping on and off the couch. She noted that the dog's back was arched and tense – panniculus reflex was mixed, increased in the lower thoracic region and decreased in the mid-lumbar region. Blood was collected from the dog for the Valley Fever titer, the dog was administered a rabies vaccine, and was discharged with carprofen.

10. Respondent went to Complainants' vehicle to discuss her findings. According to Complainants, Respondent was abrasive in her delivery of the information regarding their dog. According to Respondent, she was wearing a mask when speaking with Complainants and felt this was a misunderstanding. Respondent stated that she stressed to Complainants that the dog will not heal if they continue to allow the dog to jump up and down from the couch. Complainants stated that this was a rare occurrence since Ms. Keith was home all day with the dog. Respondent further relayed that the dog's extra weight must come off as it was putting additional strain on the TL spine – recommended feeding no more than 1/3 cup twice a day – switching from Pedigree to Purina Pro Plan Healthy Weight Management. According to Complainants, they advised the dog was not eating as usual and would only eat if they brought him his kibble. According to Ms. Clark, there was no mention of the dog's lack of appetite.

11. According to Complainants, they felt there was some tension between them and Respondent and technical staff.

12. On April 28, 2020, technical staff left a message with Complainants letting them know that the Valley Fever titer was negative. The plan was to continue on fluconazole for another 6 weeks, retest, and if negative, they could discontinue the medication.

13. Later that day, Complainants called back and spoke with Ms. Clark. They reported that the dog was not eating and appeared to be in more pain. Respondent recommended stopping the carprofen as it could be upsetting the dog's stomach. They could try tramadol for pain instead. If kennel rest and pain medication was not working, a referral to a specialist would be recommended for possible back surgery. Complainants expressed concern that when the dog was taken from the vehicle on 4/24, it was not done in a gentle manner and believe this further injured the dog. Ms. Clark stated that she took the dog and was trained to handle pets with injuries. Complainants disagreed and felt Ms. Clark man-handled the dog, took the dog inside and did "God knows what" to the dog. Ms. Clark had Respondent speak with Complainants at this point.

13. Respondent ensured Complainants that she and staff were careful with the dog and did not aggravate the dog's back injury. Respondent offered a change in medication, or to bring the dog in for a recheck and possible steroid injection. Complainants declined and opted to switch medications to see if that would help with the dog's vomiting and lack of appetite. Respondent had relayed that if the dog did not improve with kennel rest and pain medications, referral for possible surgery was recommended or euthanasia if the dog's quality of life deteriorated. Tramadol was dispensed.

14. After getting off the phone with Respondent, Complainants elected to get a second opinion. They requested a copy of the Valley Fever titer to be emailed to them and made an appointment for May 4, 2020 with PAWS.

15. The following day, since Complainants did not receive the test results, they called back and were told blood results could not be emailed. According to Respondent, they emailed the dog's medical records to the new veterinarian and faxed the blood work to them as they are not entered into the system to be able to be emailed.

16. On May 1, 2020, Complainant reported that the dog's health began to decline. At 3:00pm his breathing was more rapid and Complainants monitored the dog. A couple hours later, the dog began to drool and struggle to breathe therefore Complainants decided to seek medical attention for the dog. While in the car, the dog was on Ms. Keith's lap – the dog seized, vocalized and stopped breathing. Complainants proceeded to an emergency facility where the dog's death was confirmed.

COMMITTEE DISCUSSION:

The Committee discussed that this was a difficult case. They felt that pain could cause an increase in temperature; the dog was also anxious and panting, which could elevate the dog's temperature. Additionally the dog was overweight.

The Committee discussed that the pet owners felt the dog was mishandled and because of that, the dog deteriorated over the following week. It is possible Respondent missed something when she examined the dog; however, it is hard to determine that. The dog's vitals were normal, except for the elevated temperature.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division